1999 DRAFTING REQUEST

J

Assembly Amendment (AA-ASA1-AB133)

Receive	deceived: 06/22/99				Received By: yacketa			
Wanted	: As time pern	nits			Identical to LRB:			
For: Se	nate Democra	tic Caucus 6-2	257		By/Representing:	Walter	•	
This file	e may be show	n to any legislat	tor: NO		Drafter: yacketa			
May Co	ontact:				Alt. Drafters:	kunkemd nelsorp1		
Subject	: Health	- miscellaneou	ıs		Extra Copies:	DAK		
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SDC:	Walter - #401	12,						
Topic:						<u> </u>		
Hospita	l rate setting by	y PSC						
Instruc	etions:							
See Atta	ached							
 Draftir	ng History:							
Vers.	<u>Drafted</u>	Reviewed	Typed	Proofed	Submitted	<u>Jacketed</u>	Required	
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/2	kunkemd 06/29/99	jgeller 06/29/99	kfollet 06/29/99		lrb_docadmin 06/29/99			

6/29/99 10:19:03 PM Page 2

Vers.	<u>Drafted</u>	Reviewed	<u>Typist</u>	<u>Proofed</u>	Submitted	<u>Jacketed</u>	Required
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1999 DRAFTING REQUEST

Assembly Amendment (AA-ASA1-AB133)

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1999 DRAFTING REQUEST

Assembly Amendment (AA-ASA1-AB133)

Receive	Received: 06/22/99				Received By: yacketa			
Wanted	: As time perr	nits			Identical to LRB: By/Representing: Walter			
For: Sei	nate Democra	tic Caucus 6-22	257					
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1999 DRAFTING REQUEST

Assembly Amendment (AA-ASA1-AB133)

Received: 06/22/99

Received By: yacketa

Wanted: As time permits

Identical to LRB:

For: Senate Democratic Caucus 6-2257

By/Representing: Walter

This file may be shown to any legislator: NO

Drafter: yacketa

May Contact:

Alt. Drafters:

kunkemd

nelsorp1

Subject:

Health - miscellaneous

Extra Copies:

DAK

Pre Topic:

SDC:.....Walter - #4012,

Topic:

Hospital rate setting by PSC

Instructions:

See Attached

Drafting History:

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Agency: Public Service Commission

caucus number 4012

duplicate flag:

duplicate with:

Other reference numbers:

LFB Sum #:

bill number/amendment number:

LRB draft #

LRB P-draft:

SB 17

description: SB 17 modified to clarify that PSC could use a proie cap methodology to regulate Hospital Rates.

other notes

drafting instructions: Modify SB 17. See above.

more instructions:

Agency: Public Service Commission

Number of Amendments: 1

- . 400 l
- 1. Reverse JFC / Jauch action to limit state funding for referenda approved debt to \$420 million as outlined in Motion 888 (item a). Effect would be to maintain current law. Cost = \$13.3 million. Also reverse items g and I in Motion 888 relating to inclining enrollment districts and shifting costs for Milwaukee School Choice and Charter Programs to general school aids.

2. Require DOT, not later than June 30, 2001, to conduct a corridor study for USH 8 in Barron, Polk, Price and Rusk Counties and to report the results to the County Boards in each of those counties. Cost = 0

4003

3. Modify Decker Motion 531 relating to the Division of Vocational Rehabilitation per the attached language recommended by Secretary Stewart. Cost = 0

4004

4. Fund recycling with a \$8 - \$10 tipping fee. (we will decide the amount next week)
The program would be structured according to the Decker Recycling Motion 1138.
Cost = \$48 to \$60 million SEG

4005

5. Provide \$100,000 GPR in 1999-00 to the Arts Board for a one-time grant to a non-profit performing arts foundation. Chvala agreed to this with Greg Huber. This would be in addition to the \$50,000 JFC approved for this project in Motion 1164. Cost = \$100,000

6. Wildlife biologist for Marathon County. Cost = \$32,300 SEG 1999-00 and \$43,000 SEG 2000-01 (SEG – Fish & Wildlife Account)

4007

7. Group deer bow hunting as outlined in JFC Motion 367, but modified to include antiered deer. Cost = 0

4008

8. Stray voltage research study as outlined in JFC Motion 924. Cost = \$400,000 PR

4009

9. Can the Stanley Prison as outlined in Motion 474. As fallback, include language from Decker Motion 875 (item c) which basically puts the Doyle opinion into the statutes. Cost = 0

4010

10. Use value assessment modifications (developer penalties) as recommended by The Wisconsin Association of Assessing Officers. These modifications are also supported by the League of Municipalities and the Alliance of Cities.

•

11. Rebuild Rib Mountain Chalet. Cost=\$500,000 from Stewardship Fund

4011

12. Hospital Rate Setting (1997 Senate Bill 17) modified to clarify that PSC could use a price cap methodology to regulate rates. This is a less labor intensive means of rate regulation and was recommended by PSC Commissioner Mettner as a way of holding down the PSC fiscal note. Cost=0 (assessments on high profit hospitals would pay for the program.)

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CAUCUS BUDGET AMENDMENT IONLY FOR CAUCUS!

TAY, MOHORPN. WLj:

See form AMENDMENTS - COMPONENTS & ITEMS.

CAUCUS AMENDMENT TO ASSEMBLY SUBSTITUTE AMENDMENT 1 TO 1999 ASSEMBLY BILL 193

>>FOR CAUCUS SUPERAMENDMENT — NOT FOR INTRODUCTION<<

At the locations indicated, amend the substitute amendment as follows:

1#. Page 115., line. 4: after that line insert.

(insert 115-4)

1#. Page 3.93, line. 4: after that line Insert:
(insert 293-4)

J#. Page?!!, line. 19.: after that line insert:

(insert 206-19)

1#. Page???, line: 9.: after that line insert.

(Insert 128-9)

1#. Page?39, line. R.: after that line Insert:
(insert 739-8)

1#. Page 750, line. 3.: after that line insert: (insert 750-3)

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CAUCUS BUDGET AMENDMENT (ONLY FOR CAUCUS)

See form	AMENDME	VTS c	COMPONENTS	& Items.
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TO ASSEMBLY SUBSTITUTE AMENDMENT 1 TO 1999 ASSEMBLY BILL 133

>>FOR CAUCUS SUPERAMENDMENT — NOT FOR INTRODUCTION<<

At the locations indicated, amend the substitute amendment as follows:

J#. Page 1.55, line 13 .: after that line insert.

(insert 1155-13)

1#. Page 1.1.??, line. 11.: after that line insert:

(insert 1170-11)

J#. Page 1199, line 19 .: after that line inserti

(insert 1179-19)

1 #. Page !! !! line: 9 .: after that line insert:

(insert 1186-9)

1#. Page! 405, line 24: after that line Insert:

14. Page 1544, line J ... after that line insert:

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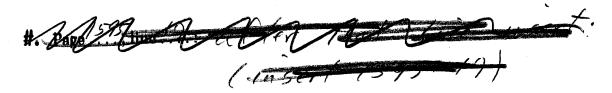
CAUCUS BUDGET AMENDMENT [ONLY FOR CAUCUS]

See form AMENDMENTS - COMPONENTS & Trems.

CAUCUS AMENDMENT TO ASSEMBLY SUBSTITUTE AMENDMENT 1 TO 1999 ASSEMBLY BILL 193

>>FOR CAUCUS SUPERAMENDMENT — NOT FOR INTRODUCTION <<

At the locations indicated, amend the substitute amendment as follows:



1#. Page 16/3, line 8... after that line insert:

(insert 1613-8)

#. Page..., line ...: after that line insert:

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PRICE

SENATE BILL 17

4. The purchase or acquisition of a hospital.

5. The construction or operation of an ambulatory surgery center or a home

health agency.

The bill requires a person intending to undertake a project or activity subject to review to publish a notice describing the project or activity and to conduct a public hearing on the proposed project or activity. The bill also requires the PSC to publish a notice of receipt of an application for review. The PSC must also conduct a public meeting upon the request of an affected party to review projects seeking approval.

For further information see the state and local fiscal estimate, which will be

printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. 20.005 (3) (schedule) of the statutes: at the appropriate place, insert

the following amounts for the purposes indicated:

1997-98 1998-99

20.155 Public service commission

((3)

6 REVIEW

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GPR 500,000 Α General program operations (a)

PRA (gm) Assessments

226 de 10 "SECTION 2. 20.155 (3) of the statutes is created to read: 10

20.155 (3) HOSPITAL RATE SEPTEM AND CAPITAL EXPENDITURE REVIEW. (a) General

program operations. The amounts in the schedule for 12 moral program operations

funder subch. II of ch. 196. 13

(gm) Assessments. The amounts in the schedule for hospital frate setting

activities of the commission under ch. 196. All moneys received under s./146.9996

Please

SENATE BILL 17

(10)

of the patients in the hospitals and to protect the health and safety of the patients and employes; and nothing contained herein shall pertain to a person licensed to practice medicine and surgery or dentistry. The building codes and construction standards of the department of commerce shall apply to all hospitals and the department may adopt additional construction codes and standards for hospitals, provided they are not lower than the requirements of the department of commerce. Except for the construction codes and standards of the department of commerce and except as provided in s. 50.39 (3) and subch. II of ch. 196, the department shall be the sole agency to adopt and enforce rules and standards pertaining to hospitals.

SECTION 8. 146.37 (1g) of the statutes is amended to read:

participates in the review or evaluation of the services of health care providers or facilities or the charges for such services conducted in connection with any program organized and operated to help improve the quality of health care, to avoid improper utilization of the services of health care providers or facilities or to determine the reasonable charges for such services, or who participates in the obtaining of health care information under ch. 153, or who participates in hospital reference to the care information under ch. 153, or who participates in hospital reference to any act or omission by such person in the course of such review or evaluation. Acts and omissions to which this subsection applies include, but are not limited to, acts or omissions by peer review committees or hospital governing bodies in censuring, reprimanding, limiting or revoking hospital staff privileges or notifying the medical examining board under s. 50.36 or taking any other disciplinary action against a health care provider or facility and acts or omissions by a medical director, as defined

WPO: Please proof W/stats.

LRB-0302/2 TAY:mfd:km

SENATE BILL 17

SECTION 8

		monse.
	1	in s. 146.50 (1) (j), in reviewing the performance of emergency medical technicians
	_2	or ambulance service providers.
X	3	SECTION 9. 153.05 (4n) of the statutes is created to read:
	4	153.05 (4n) The office shall provide the public service commission with
o_{j_L}	5	information necessary for performance of duties of the public service commission
1,	6	under s. 196.9998 (16) (2) and as requested of the office by the public service
	7	commission.
	8	SECTION 10. Chapter 196 (title) of the statutes is amended to read:
ſ.	9	CHAPTER 196 Please
0,0	10	REGULATION OF PUBLIC UTILITIES SERVICE COMMISSION
1/2	11	SPRVICE COMMISSION
`	12	2309f (6) SECTION M. Subchapter I (title) of chapter 196 [precedes 196.01] of the statutes
\ \ \	13	is created to read:
メンのこん	14	CHAPTER 196
'	15	SUBCHAPTER I
	16	REGULATION OF PUBLIC UTILITIES
	17	SECTION 12. 196.01 (intro.) of the statutes is amended to read:
	18	196.01 Definitions. (intro.) As used in this chapter subchapter and ch. 197,
	19	unless the context requires otherwise:
4	20	SECTION 13. Subchapter II of chapter 196 [precedes 196.991] of the statutes is
1180-9	21	created to read:
	22	CHAPTER 196
	23	SUBCHAPTER II PRICE CAPS
120.X	24	HOSPITAL RATE SETTING PRICE CAPS
1	25	196.991 Definitions. In this subchapter:

196.994 Requests for a rate charge. (1) The commission shall create a

schedule allowing each hospital to request rate changes annually, on or after the date

the hospital receives its audited financial statements. The commission may schedule

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SENATE BILL 17



(e) The commission may reject the application for approval of a project operated by any person who has repeatedly been subject to the penalties specified in this subsection or may impose restrictions as part of its approval to ensure compliance with this section.

(16) STATE HEALTH SERVICES PLAN. (a) The commission shall adopt a state health services plan using information provided by the office of health care information in the office of the commissioner of insurance, at least once every 3 years that includes a description of the hospital system in the state and identifies health care needs and surpluses with respect to existing health care services, facilities and equipment and other components the commission finds useful.

(b) The commission may not accept any application for a project under this section for the addition of hospital beds that would exceed the number of beds described by the state health services plan for the acute care service area where the project would be located. The commission shall establish its method for defining an

acute care service area by rule.

SECTION 14. 632.75 (5) of the statutes is amended to read:

price cap

hospital for patient health care costs at a rate exceeding the rate established under ch. 54, 1985 stats., or s. 146.60, 1983 stats., for care provided prior to July 1, 1987 subch. II of ch. 196

20 <u>subch. II of ch. 196</u>.

SECTION 15. Nonstatutory provisions.

(Y) PUBLIC SERVICE COMMISSION HOSPITAL RATE SETTING.

(a) By taber 1, 1997, the public service commission shall submit, under section 16.515 of the statutes, a request to supplement the appropriation under section 20.155 (3) (gm) of the statutes, as created by this act, that details a proposed

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SENATE BILL 17

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budget for activities of the public service commission under subchapter II of chapter 196 of the statutes, as created by this act.

- (b) 1. The public service commission shall submit proposed rules required (96.9926) under section 196.993 of the statutes, as created by this act, to the legislative council staff for review under section 227.15(1) of the statutes no later than January 1, 1996. These rules may not take effect before 1917 1996.
- 2. Using the procedure under section 227.24 of the statutes, the public service commission shall promulgate rules required under section 196.993 (2) of the statutes, as created by this act, for the period prior to the effective date of the rules submitted under subdivision 1., but not to exceed the period authorized under section 227.24 (1) (c) and (2) of the statutes. Notwithstanding section 227.24 (1) (a) and (2) (b) of the statutes, the public service commission need not provide evidence of the necessity of preservation of the public peace, health, safety or welfare in promulgating the rules under this paragraph.
- (c) By January 1, 1995, the public service commission shall do all of the following:
- 1. Estimate the total amount of revenue required for fiscal year 1998 for administration by the commission of subchapter II of chapter 196 of the statutes, as created by this act.
- 2. Assess the estimated total amount under subdivision 1. to hospitals, as defined in section 150.01 (12) of the statutes pader the rates established by rule under paragraph (b) 2 and in proportion to each hospital's respective net income, as defined in section 150.20 (1) (e) of the statutes, as created by this act, during the hospital's most recently concluded entire fiscal year, except that the public service

SENATE BILL 17

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commission may not assess a hospital that has a net income of 3% or less over the net income for the hospital's next most recently concluded entire fiscal year.

- 3. Credit all payments of assessments to the appropriation under section 20.155 (3) (gm) of the statutes, as created by this act.
- (d) Every hospital that is assessed under paragraph (c) 2. shall, by April 1, 5 pay the entire amount assessed the hospital.

16 Initial applicability MISSION, HOSPITAL RATE SETAING. sybmitted under subchapter II statutes, as created by this act, on July 1, 1998. Effective dates. This act takes effect on S

ay after publication, whichever is later, except as follows

HOSPITAL RATE SETTING. The repeal of section 20.155 (3) (a) of the statutes

takes effect on January 1, 1999.

(END)

15 (3) (e) 11.

1999-2000 DRAFTING INSERT FROM THE LEGISLATIVE REFERENCE BUREAU

1	INSERT 7-9 TO INSERT 1186-9:
2	(4m) "Price cap" means the maximum rate that may be charged for a service
3	and includes any allowable increases in the maximum rate that are based on
4	increases in the consumer price index.
5	INSERT 7-12 TO INSERT 1186-9:
6	196.992 Hospital rate price caps. (1) The commission shall promulgate
7	rules that establish price caps for hospital rates. The commission shall consider each
8	of the following in promulgating rules under this subsection:
9	(a) The need to reduce the rate of hospital cost increases while preserving the
10	quality of health care in all parts of the state.
11	(b) A variety of cost-related trend factors based on nationally or regionally
12	recognized economic models.
13	(c) The past budget and rate experiences of hospitals in this state.
14	(2) Rules promulgated under sub. (1) shall include requirements and
15	procedures for hospitals to provide the commission with information that the
16	commission determines is necessary to carry out its duties under this subchapter and
17	for hospitals to notify the commission and patients of rates charged and any proposed
18	increases or decreases in rates. The rules shall also include requirements and
19	procedures for the commission to regularly review and, if necessary, revise the price
20	caps established in the rules promulgated under sub. (1). \checkmark

Rules promulgated under sub. (1) may include requirements and

(3)

procedures for each of the following:

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1	(a) Exceptions from price caps for rural or teaching hospitals if the commission
2	determines that such hospitals are subject to special circumstances that warrant an
3	exception.
4	(b) A uniform system for hospitals to make reports to the commission if the
5	commission determines that such a system is necessary for the commission to carry
6	out its duties under this subchapter.
7	196.993 Case mix measurements. The commission may promulgate rules
8	establishing a system that defines rates as aggregate charges based on case mix
9	measurements if the commission submits its proposed system to the joint committee
10	on finance under s. 13.10, receives that committee's approval and holds a public
11	hearing prior to promulgating its rules. Such a system may not take effect prior to
12	January 1, 2001, shall be consistent with the standard under s. 196.992 (1) (a) and
13	shall ensure quality of care at a reasonable cost to patients.
14	196.994 Commission prohibitions. In carrying out its duties under this
15	subchapter, the commission may not do any of the following:
16	(a) Interfere directly in the personal or decision–making relationships between
17	a patient and the patient's physician.
18	(b) Restrict the freedom of patients to receive care at a hospital consistent with
19	their religious preferences or request a hospital that is affiliated with a religious
20	group to act in a manner contrary to the mission and philosophy of the religious
21	group.
22	(c) Restrict directly the freedom of hospitals to exercise management decisions
23	in complying with the price caps established in rules promulgated under s. 196.992
24	(1). √

1	(d) Require the submission of unrelated financial data from religious groups
2	affiliated with a hospital.
3	196.995 Enforcement. (1) The commission may seek a judicial remedy to
4	enforce compliance with any requirement of this subchapter or with any rule or order
5	of the commission under this subchapter if it first notifies the hospital and provides
6	the hospital a reasonable time to correct a violation. The commission shall commence
7	any action under this subsection in the circuit court for the county in which the
8	hospital is located.
9	(2) Any court that finds an intentional failure to comply with a price cap
10	established in rules promulgated under s. 196.992 (1) may impose a forfeiture of up
11	to \$5,000. Each week that a hospital continues its intentional failure to comply with
12	the price cap constitutes a separate violation.
13	(3) Any court with jurisdiction over an action brought under this section may
14	adopt remedies that it finds necessary to enforce compliance. Remedies under this
15	section apply notwithstanding the existence or pursuit of any other remedy.
16	196.996 Assessments. (1) In this section:
17	(a) "Commercial insurance" includes a group or individual disability insurance
18	policy, as defined in s. 632.895 (1) (a), an employer's self-insured health care plan
19	and worker's compensation.
20	(b) "Deduction" means the portion of a charge that was incurred by a patient
21	but was not received from 3rd-party payers or governmental or private payment.
22	"Deduction" includes charity care but does not include bad debt.
23	(c) "Expense" means the cost of operation, including bad debt, that is charged
24	to a hospital during the hospital's fiscal year.

1	(d) "Gross patient revenue" means the total charges to medicare, as defined in
2	s. $49.498(1)(f)$, the medical assistance program, other public programs, commercial
3	insurance and other self-payers or nonpublic payers, that are generated by a
4	hospital from inpatient and outpatient services.
5	(e) "Net income" means total revenue and nonoperating gains in excess of
6	expenses and nonoperating losses.
7	(f) "Net patient revenue" means gross patient revenue minus deductions.
8	(g) (g) (f) (Nonoperating gains" means gifts, donations, endowments, return on
9	investments and any other gains that are not related to patient care.
10	(h) "Nonoperating losses" means state and federal corporate income and real
11	estate taxes and other losses that are not directly related to patient care or
12	hospital-related patient services.
13	(i) "Other public programs" include programs operated by or contracted for by
14	county departments under s. 46.215, 46.22 or 46.23 and the relief block grant
15	program under ch. 49.
16	(j) "Other revenue" means revenue from services, other than health care
17	services, provided to patients and revenue from sales to and services provided to
18	nonpatients.
19	(k) "Total revenue" means the sum of net patient revenue and other revenue.
20	(2) Beginning July 1, 2000, the commission shall, within 90 days after the
21	commencement of each fiscal year, estimate the total amount of revenue required for
22	administration by the commission of this subchapter during that fiscal year and
23	assess that estimated total amount to hospitals in proportion to each hospital's
24	respective net income during the hospital's most recently concluded entire fiscal

year. The commission may not assess under this subsection a hospital that has a net

- 1 income of 3% or less over the net income for the hospital's next most recently
- 2 concluded entire fiscal year. Each hospital that is assessed shall pay the assessment
- 3 by the December 1 following the assessment. The commission shall credit all
- 4 payments of assessments to the appropriation account under s. 20.155 (3) (gm).".

DRAFTER'S NOTE FROM THE LEGISLATIVE REFERENCE BUREAU

LRBb0830/1dn MDK:/..... WL')

Please review this amendment very carefully to make sure that it achieves your intent. Note that, although it is based on 1997 Senate Bill 17, very little of that bill remains in the amendment because the amendment provides for price caps, rather than a rate—of—return regulatory scheme. Therefore, many of the provisions of that bill are irrelevant. Also, please note the following:

- 1. Because the instructions do not contain many details about the price caps, the amendment requires the PSC to promulgate rules that establish price caps. Although there is a price cap scheme under current law for certain telecommunications utilities, I do not think that that scheme is relevant to hospital rates.
- 2. The amendment allows the PSC to create exceptions for rural and teaching hospitals. (1997 Senate Bill 17 includes a similar provision) Is this okay?
 - 3. Do you want to allow the PSC to create exceptions for other hospitals?
- 4. Neither 1997 Senate Bill 17 nor this amendment define "case mix measurement". A definition may be helpful, unless this term is generally understood in the hospital industry.

Mark D. Kunkel Legislative Attorney Phone: (608) 266–0131

E-mail: Mark.Kunkel@legis.state.wi.us

DRAFTER'S NOTE FROM THE LEGISLATIVE REFERENCE BUREAU

LRBb0830/1dn MDK:wlj:km

June 29, 1999

Please review this amendment very carefully to make sure that it achieves your intent. Note that, although it is based on 1997 Senate Bill 17, very little of that bill remains in the amendment because the amendment provides for price caps, rather than a rate—of—return regulatory scheme. Therefore, many of the provisions of that bill are irrelevant. Also, please note the following:

- 1. Because the instructions do not contain many details about the price caps, the amendment requires the PSC to promulgate rules that establish price caps. Although there is a price cap scheme under current law for certain telecommunications utilities, I do not think that that scheme is relevant to hospital rates.
- 2. The amendment allows the PSC to create exceptions for rural and teaching hospitals. A similar provision is included in 1997 Senate Bill 17. Is this okay?
 - 3. Do you want to allow the PSC to create exceptions for other hospitals?
- 4. Neither 1997 Senate Bill 17 nor this amendment define "case mix measurement". A definition may be helpful, unless this term is generally understood in the hospital industry.

Mark D. Kunkel Legislative Attorney Phone: (608) 266–0131

E-mail: Mark.Kunkel@legis.state.wi.us

1999 - 2000 LEGISLATURE

LRBb0830/± TAY/MDK/RPN:wlj;km

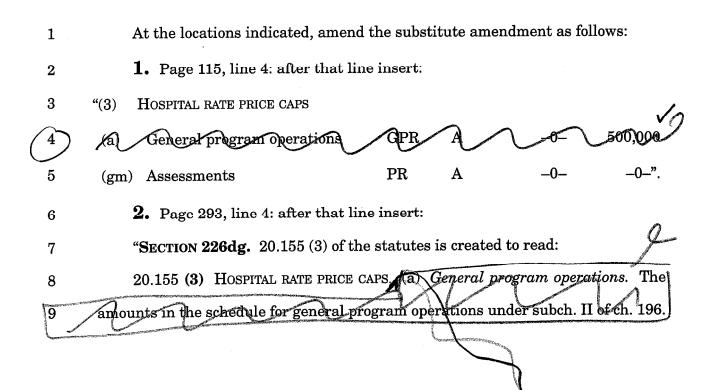
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SDC:.....Walter - #4012, Hospital rate setting by PSC

FOR 1999-01 BUDGET — NOT READY FOR INTRODUCTION

CAUCUS AMENDMENT

TO ASSEMBLY SUBSTITUTE AMENDMENT 1, TO 1999 ASSEMBLY BILL 133



(gm) Assessments. The amounts in the schedule for hospital rate price cap 1 2 activities of the commission under ch. 196. All moneys received under s. 196.996(2) and 1999 Wisconsin Act (this act), section 9141 (2mg) (d), shall be credited to this 3 appropriation. 4 SECTION 226dm. 20.155 (9) (a) of the statutes, as created 5 . (this act), is repealed. **3.** Page 706, line 19: after that line insert: 7 "Section 1375m. 49.45 (3) (e) 11. of the statutes is created to read: 8 49.45 (3) (e) 11. Notwithstanding subds. 1. to 10., the department may 9 authorize the public service commission to determine price caps for reimbursement 10 rates under subch. II of ch. 196.". 11 **4.** Page 728, line 9: after that line insert: 12 "Section 1443m. 49.49 (2) (c) 1. of the statutes is amended to read: 13 49.49 (2) (c) 1. A discount or other reduction in price obtained by a provider of 14 services or other entity under chs. 46 to 51 and 58 and subch. II of ch. 196 if the 15 reduction in price is properly disclosed and appropriately reflected in the costs 16 claimed or charges made by the provider or entity under a medical assistance 17 program.". 18 **5.** Page 739, line 8: after that line insert: 19 "Section 1483m. 49.74 of the statutes is amended to read: 20 49.74 (title) Institutions subject to chapter chapters 150 and 196. Any 21 institution created under the authority of s. 49.70, 49.71, 49.72 or 49.73 is subject to 22ch. 150 and subch. II of ch. 196.". 23

6. Page 750, line 3: after that line insert:

"Section 1524m. 50.36 (1) of the statutes is amended to read:

50.36 (1) The department shall promulgate, adopt, amend and enforce such rules and standards for hospitals for the construction, maintenance and operation of the hospitals deemed necessary to provide safe and adequate care and treatment of the patients in the hospitals and to protect the health and safety of the patients and employes; and nothing contained herein shall pertain to a person licensed to practice medicine and surgery or dentistry. The building codes and construction standards of the department of commerce shall apply to all hospitals and the department may adopt additional construction codes and standards for hospitals, provided they are not lower than the requirements of the department of commerce. Except for the construction codes and standards of the department of commerce and except as provided in s. 50.39 (3) and subch. II of ch. 196, the department shall be the sole agency to adopt and enforce rules and standards pertaining to hospitals."

7. Page 1155, line 13: after that line insert:

"SECTION 2246m. 146.37 (1g) of the statutes is amended to read:

146.37 (1g) Except as provided in s. 153.85, no person acting in good faith who participates in the review or evaluation of the services of health care providers or facilities or the charges for such services conducted in connection with any program organized and operated to help improve the quality of health care, to avoid improper utilization of the services of health care providers or facilities or to determine the reasonable charges for such services, or who participates in the obtaining of health care information under ch. 153, or who participates in hospital rate price cap activities under subch. II of ch. 196, is liable for any civil damages as a result of any act or omission by such person in the course of such review or evaluation. Acts and

omissions to which this subsection applies include, but are not limited to, acts or
omissions by peer review committees or hospital governing bodies in censuring,
reprimanding, limiting or revoking hospital staff privileges or notifying the medical
examining board or podiatrists affiliated credentialing board under s. 50.36 or taking
any other disciplinary action against a health care provider or facility and acts or
omissions by a medical director, as defined in s. 146.50 (1) (j), in reviewing the
performance of emergency medical technicians or ambulance service providers.".
8. Page 1170, line 11: after that line insert:
"Section 2279m. 153.05 (4n) of the statutes is created to read:
153.05 (4n) The office shall provide the public service commission with
information necessary for performance of duties of the public service commission
under subch. II of ch. 196 and as requested of the office by the public service
commission.".
9. Page 1179, line 19: after that line insert:
"Section 2309d. Chapter 196 (title) of the statutes is amended to read:
CHAPTER 196
REGULATION OF PUBLIC UTILITIES
SERVICE COMMISSION
SECTION 2309f. Subchapter I (title) of chapter 196 [precedes 196.01] of the
statutes is created to read:
CHAPTER 196
SUBCHAPTER I
REGULATION OF PUBLIC UTILITIES
SECTION 2309h. 196.01 (intro.) of the statutes is amended to read:

1	196.01 Definitions. (intro.) As used in this chapter subchapter and ch. 197,
2	unless the context requires otherwise:".
3	10. Page 1186, line 9: after that line insert:
4	"Section 2337m. Subchapter II of chapter 196 [precedes 196.991] of the
5	statutes is created to read:
6	CHAPTER 196
7	SUBCHAPTER II
8	HOSPITAL RATE PRICE CAPS
9	196.991 Definitions. In this subchapter:
10	(1) "Commission" means the public service commission.
11	(2) "Consumer price index" has the meaning given in s. 16.004 (8) (e) 1.
12	(3) "Hospital" has the meaning given in s. 50.33 (2), except that "hospital" does
13	not include a center for the developmentally disabled, as defined in s. 51.01 (3).
14	(3m) "Price cap" means the maximum rate that may be charged for a service
15	and includes any allowable increases in the maximum rate that are based on
16	increases in the consumer price index.
17	(4) "Rates" means individual charges of a hospital for the services that it
18	provides or, if authorized under s. 196.993, the aggregate charges based on case mix
19	measurements.
20	196.992 Hospital rate price caps. (1) The commission shall promulgate
21	rules that establish price caps for hospital rates. The commission shall consider each
22	of the following in promulgating rules under this subsection:
23	(a) The need to reduce the rate of hospital cost increases while preserving the
24	quality of health care in all parts of the state.

- (b) A variety of cost-related trend factors based on nationally or regionally recognized economic models.
 - (c) The past budget and rate experiences of hospitals in this state.
- (2) Rules promulgated under sub. (1) shall include requirements and procedures for hospitals to provide the commission with information that the commission determines is necessary to carry out its duties under this subchapter and for hospitals to notify the commission and patients of rates charged and any proposed increases or decreases in rates. The rules shall also include requirements and procedures for the commission to regularly review and, if necessary, revise the price caps established in the rules promulgated under sub. (1).
- (3) Rules promulgated under sub. (1) may include requirements and procedures for each of the following:
- (a) Exceptions from price caps for rural or teaching hospitals if the commission determines that such hospitals are subject to special circumstances that warrant an exception.
- (b) A uniform system for hospitals to make reports to the commission if the commission determines that such a system is necessary for the commission to carry out its duties under this subchapter.
- 196.993 Case mix measurements. The commission may promulgate rules establishing a system that defines rates as aggregate charges based on case mix measurements if the commission submits its proposed system to the joint committee on finance under s. 13.10, receives that committee's approval and holds a public hearing prior to promulgating its rules. Such a system may not take effect prior to January 1, 2001, shall be consistent with the standard under s. 196.992 (1) (a) and shall ensure quality of care at a reasonable cost to patients.

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1	196.994 Commission prohibitions. In carrying out its duties under this
2	subchapter, the commission may not do any of the following:
3	(a) Interfere directly in the personal or decision–making relationships between
4	a patient and the patient's physician.
5	(b) Restrict the freedom of patients to receive care at a hospital consistent with
6	their religious preferences or request a hospital that is affiliated with a religious
7	group to act in a manner contrary to the mission and philosophy of the religious
8	group.
9	(c) Restrict directly the freedom of hospitals to exercise management decisions
10	in complying with the price caps established in rules promulgated under s. 196.992
11	(1).
12	(d) Require the submission of unrelated financial data from religious groups
13	affiliated with a hospital.
14	196.995 Enforcement. (1) The commission may seek a judicial remedy to
15	enforce compliance with any requirement of this subchapter or with any rule or order
16	of the commission under this subchapter if it first notifies the hospital and provides
17	the hospital a reasonable time to correct a violation. The commission shall commence
18	any action under this subsection in the circuit court for the county in which the
19	hospital is located.
20	(2) Any court that finds an intentional failure to comply with a price cap
21	established in rules promulgated under s. 196.992 (1) may impose a forfeiture of up

to \$5,000. Each week that a hospital continues its intentional failure to comply with

the price cap constitutes a separate violation.

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(3) Any court with jurisdiction over an action brought under this section may 1 adopt remedies that it finds necessary to enforce compliance. Remedies under this 2 section apply notwithstanding the existence or pursuit of any other remedy. 3 196.996 Assessments. (1) In this section: 4 (a) "Commercial insurance" includes a group or individual disability insurance 5 policy, as defined in s. 632.895 (1) (a), an employer's self-insured health care plan 6 7 and worker's compensation. (b) "Deduction" means the portion of a charge that was incurred by a patient 8 but was not received from 3rd-party payers or governmental or private payment. 9 "Deduction" includes charity care but does not include bad debt. 10 (c) "Expense" means the cost of operation, including bad debt, that is charged 11 12 to a hospital during the hospital's fiscal year. (d) "Gross patient revenue" means the total charges to medicare, as defined in 13 s. 49.498 (1) (f), the medical assistance program, other public programs, commercial 14 insurance and other self-payers or nonpublic payers, that are generated by a 15 hospital from inpatient and outpatient services. 16 (e) "Net income" means total revenue and nonoperating gains in excess of 17 expenses and nonoperating losses. 18

(f) "Net patient revenue" means gross patient revenue minus deductions.

investments and any other gains that are not related to patient care.

hospital-related patient services.

"Nonoperating gains" means gifts, donations, endowments, return on

(h) "Nonoperating losses" means state and federal corporate income and real

estate taxes and other losses that are not directly related to patient care or

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- (i) "Other public programs" include programs operated by or contracted for by county departments under s. 46.215, 46.22 or 46.23 and the relief block grant program under ch. 49.
- (j) "Other revenue" means revenue from services, other than health care services, provided to patients and revenue from sales to and services provided to nonpatients.
 - (k) "Total revenue" means the sum of net patient revenue and other revenue.
- (2) Beginning July 1, 2000, the commission shall, within 90 days after the commencement of each fiscal year, estimate the total amount of revenue required for administration by the commission of this subchapter during that fiscal year and assess that estimated total amount to hospitals in proportion to each hospital's respective net income during the hospital's most recently concluded entire fiscal year. The commission may not assess under this subsection a hospital that has a net income of 3% or less over the net income for the hospital's next most recently concluded entire fiscal year. Each hospital that is assessed shall pay the assessment by the December 1 following the assessment. The commission shall credit all payments of assessments to the appropriation account under s. 20.155 (3) (gm)."
 - 11. Page 1405, line 24: after that line insert:
 - "Section 3044ad. 632.75 (5) of the statutes is amended to read:
- 632.75 (5) PAYMENTS FOR HOSPITAL SERVICES. No insurer may reimburse a hospital for patient health care costs at a rate exceeding the rate price cap established under ch. 54, 1985 stats., or s. 146.60, 1983 stats., for care provided prior to July 1, 1987 subch. II of ch. 196.".
 - 12. Page 1544, line 8: after that line insert:

"(2mg) Hospital rate setting.

- (a) By December 1, 1999, the public service commission shall submit, under section 16.515 of the statutes, a request to supplement the appropriation under section 20.155 (3) (gm) of the statutes, as created by this act, that details a proposed budget for activities of the public service commission under subchapter II of chapter 196 of the statutes, as created by this act.
- (b) The public service commission shall submit proposed rules required under section 196.992 (1) of the statutes, as created by this act, to the legislative council staff for review under section 227.15 (1) of the statutes no later than July 1, 2000. These rules may not take effect before January 1, 2001.
- (c) By January 1, 2000, the public service commission shall do all of the following:
- 1. Estimate the total amount of revenue required for fiscal year 1999–2000 for administration by the commission of subchapter II of chapter 196 of the statutes, as created by this act.
- 2. Assess the estimated total amount under subdivision 1. to hospitals, as defined in section 150.01 (12) of the statutes in proportion to each hospital's respective net income, as defined in section 196.996 (1) (e) of the statutes, as created by this act, during the hospital's most recently concluded entire fiscal year, except that the public service commission may not assess a hospital that has a net income of 3% or less over the net income for the hospital's next most recently concluded entire fiscal year.
- 3. Credit all payments of assessments to the appropriation under section 20.155 (3) (gm) of the statutes, as created by this act.

1 (d) Every hospital that is assessed under paragraph (c) 2. shall, by April 1,
2 2000, pay the entire amount assessed the hospital.".

3 13. Page 1613, line 8: after that line insert:
4 "(2m) Hospital/Rate setting. The repeal of section 20155 (3) (a) of the statutes
5 takes effect on January 1, 2001."

1999 - 2000 LEGISLATURE

LRBb0830/2
TAY/MDK/RPN:wlj&jlg:kjf

SDC:.....Walter – #4012, Hospital rate setting by PSC

FOR 1999-01 BUDGET — NOT READY FOR INTRODUCTION

CAUCUS AMENDMENT

TO ASSEMBLY SUBSTITUTE AMENDMENT 1, TO 1999 ASSEMBLY BILL 133

1	At the locations indicated, amend the substitute amendment as follows:
2	1. Page 115, line 4: after that line insert:
3	"(3) HOSPITAL RATE PRICE CAPS
4	(gm) Assessments PR A -00-".
5	2. Page 293, line 4: after that line insert:
6	"Section 226dg. 20.155 (3) of the statutes is created to read:
7	20.155 (3) HOSPITAL RATE PRICE CAPS. (gm) Assessments. The amounts in the
8	schedule for hospital rate price cap activities of the commission under ch. 196. Al
9	moneys received under s. 196.996 (2) and 1999 Wisconsin Act (this act), section
10	9141 (2mg) (d), shall be credited to this appropriation.".

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1	3. Page 706, line 19: after that line insert:
2	"Section 1375m. 49.45 (3) (e) 11. of the statutes is created to read:
3	49.45 (3) (e) 11. Notwithstanding subds. 1. to 10., the department may
4	authorize the public service commission to determine price caps for reimbursement
5	rates under subch. II of ch. 196.".
6	4. Page 728, line 9: after that line insert:
7	"Section 1443m. 49.49 (2) (c) 1. of the statutes is amended to read:
8	49.49 (2) (c) 1. A discount or other reduction in price obtained by a provider of
9	services or other entity under chs. 46 to 51 and 58 and subch. II of ch. 196 if the
10	reduction in price is properly disclosed and appropriately reflected in the costs
11	claimed or charges made by the provider or entity under a medical assistance
12	program.".
13	5. Page 739, line 8: after that line insert:
14	"Section 1483m. 49.74 of the statutes is amended to read:
15	49.74 (title) Institutions subject to chapter chapters 150 and 196. Any
16	institution created under the authority of s. 49.70 , 49.71 , 49.72 or 49.73 is subject to
17	ch. 150 <u>and subch. II of ch. 196</u> .".
18	6. Page 750, line 3: after that line insert:
19	"Section 1524m. 50.36 (1) of the statutes is amended to read:
20	50.36 (1) The department shall promulgate, adopt, amend and enforce such
21	rules and standards for hospitals for the construction, maintenance and operation
22	of the hospitals deemed necessary to provide safe and adequate care and treatment

of the patients in the hospitals and to protect the health and safety of the patients

and employes; and nothing contained herein shall pertain to a person licensed to

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practice medicine and surgery or dentistry. The building codes and construction standards of the department of commerce shall apply to all hospitals and the department may adopt additional construction codes and standards for hospitals, provided they are not lower than the requirements of the department of commerce. Except for the construction codes and standards of the department of commerce and except as provided in s. 50.39 (3) and subch. II of ch. 196, the department shall be the sole agency to adopt and enforce rules and standards pertaining to hospitals.".

7. Page 1155, line 13: after that line insert:

"Section 2246m. 146.37 (1g) of the statutes is amended to read:

146.37 (1g) Except as provided in s. 153.85, no person acting in good faith who participates in the review or evaluation of the services of health care providers or facilities or the charges for such services conducted in connection with any program organized and operated to help improve the quality of health care, to avoid improper utilization of the services of health care providers or facilities or to determine the reasonable charges for such services, or who participates in the obtaining of health care information under ch. 153, or who participates in hospital rate price cap activities under subch. II of ch. 196, is liable for any civil damages as a result of any act or omission by such person in the course of such review or evaluation. Acts and omissions to which this subsection applies include, but are not limited to, acts or omissions by peer review committees or hospital governing bodies in censuring, reprimanding, limiting or revoking hospital staff privileges or notifying the medical examining board or podiatrists affiliated credentialing board under s. 50.36 or taking any other disciplinary action against a health care provider or facility and acts or

1	omissions by a medical director, as defined in s. 146.50 (1) (j), in reviewing the
2	performance of emergency medical technicians or ambulance service providers.".
3	8. Page 1170, line 11: after that line insert:
4	"Section 2279m. 153.05 (4n) of the statutes is created to read:
5	153.05 (4n) The office shall provide the public service commission with
6	information necessary for performance of duties of the public service commission
7	under subch. II of ch. 196 and as requested of the office by the public service
8	commission.".
9	9. Page 1179, line 19: after that line insert:
10	"Section 2309d. Chapter 196 (title) of the statutes is amended to read:
11	CHAPTER 196
12	REGULATION OF PUBLIC UTILITIES
13	SERVICE COMMISSION
14	SECTION 2309f. Subchapter I (title) of chapter 196 [precedes 196.01] of the
15	statutes is created to read:
16	CHAPTER 196
17	SUBCHAPTER I
18	REGULATION OF PUBLIC UTILITIES
19	SECTION 2309h. 196.01 (intro.) of the statutes is amended to read:
20	196.01 Definitions. (intro.) As used in this chapter subchapter and ch. 197,
21	unless the context requires otherwise:".
22	10. Page 1186, line 9: after that line insert:
23	"Section 2337m. Subchapter II of chapter 196 [precedes 196.991] of the
24	statutes is created to read:

1	CHAPTER 196
2	SUBCHAPTER II
3	HOSPITAL RATE PRICE CAPS
4	196.991 Definitions. In this subchapter:
5	(1) "Commission" means the public service commission.
6	(2) "Consumer price index" has the meaning given in s. 16.004 (8) (e) 1.
7	(3) "Hospital" has the meaning given in s. 50.33 (2), except that "hospital" does
8	not include a center for the developmentally disabled, as defined in s. 51.01 (3).
9	(3m) "Price cap" means the maximum rate that may be charged for a service
10	and includes any allowable increases in the maximum rate that are based on
11	increases in the consumer price index.
12	(4) "Rates" means individual charges of a hospital for the services that it
13	provides or, if authorized under s. 196.993, the aggregate charges based on case mix
14	measurements.
15	196.992 Hospital rate price caps. (1) The commission shall promulgate
16	rules that establish price caps for hospital rates. The commission shall consider each
17	of the following in promulgating rules under this subsection:
18	(a) The need to reduce the rate of hospital cost increases while preserving the
19	quality of health care in all parts of the state.
20	(b) A variety of cost-related trend factors based on nationally or regionally
21	recognized economic models.
22	(c) The past budget and rate experiences of hospitals in this state.
23	(2) Rules promulgated under sub. (1) shall include requirements and
24	procedures for hospitals to provide the commission with information that the
25	commission determines is necessary to carry out its duties under this subchapter and

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- for hospitals to notify the commission and patients of rates charged and any proposed increases or decreases in rates. The rules shall also include requirements and procedures for the commission to regularly review and, if necessary, revise the price caps established in the rules promulgated under sub. (1).
- (3) Rules promulgated under sub. (1) may include requirements and procedures for each of the following:
- (a) Exceptions from price caps for rural or teaching hospitals if the commission determines that such hospitals are subject to special circumstances that warrant an exception.
- (b) A uniform system for hospitals to make reports to the commission if the commission determines that such a system is necessary for the commission to carry out its duties under this subchapter.
- 196.993 Case mix measurements. The commission may promulgate rules establishing a system that defines rates as aggregate charges based on case mix measurements if the commission submits its proposed system to the joint committee on finance under s. 13.10, receives that committee's approval and holds a public hearing prior to promulgating its rules. Such a system may not take effect prior to January 1, 2001, shall be consistent with the standard under s. 196.992 (1) (a) and shall ensure quality of care at a reasonable cost to patients.
- 196.994 Commission prohibitions. In carrying out its duties under this subchapter, the commission may not do any of the following:
- (a) Interfere directly in the personal or decision—making relationships between a patient and the patient's physician.
- (b) Restrict the freedom of patients to receive care at a hospital consistent with their religious preferences or request a hospital that is affiliated with a religious

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and worker's compensation.

1	group to act in a manner contrary to the mission and philosophy of the religious
2	group.
3	(c) Restrict directly the freedom of hospitals to exercise management decisions
4	in complying with the price caps established in rules promulgated under s. 196.992
5	(1).
6	(d) Require the submission of unrelated financial data from religious groups
7	affiliated with a hospital.
8	196.995 Enforcement. (1) The commission may seek a judicial remedy to
9	enforce compliance with any requirement of this subchapter or with any rule or order
10	of the commission under this subchapter if it first notifies the hospital and provides
11	the hospital a reasonable time to correct a violation. The commission shall commence
12	any action under this subsection in the circuit court for the county in which the
13	hospital is located.
14	(2) Any court that finds an intentional failure to comply with a price cap
15	established in rules promulgated under s. 196.992 (1) may impose a forfeiture of up
16	to \$5,000. Each week that a hospital continues its intentional failure to comply with
17	the price cap constitutes a separate violation.
18	(3) Any court with jurisdiction over an action brought under this section may
19	adopt remedies that it finds necessary to enforce compliance. Remedies under this
20	section apply notwithstanding the existence or pursuit of any other remedy.
21	196.996 Assessments. (1) In this section:
22	(a) "Commercial insurance" includes a group or individual disability insurance
23	policy, as defined in s. 632.895 (1) (a), an employer's self-insured health care plan

nonpatients.

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(b) "Deduction" means the portion of a charge that was incurred by a patient 1 but was not received from 3rd-party payers or governmental or private payment. $\mathbf{2}$ "Deduction" includes charity care but does not include bad debt. 3 (c) "Expense" means the cost of operation, including bad debt, that is charged 4 to a hospital during the hospital's fiscal year. 5 (d) "Gross patient revenue" means the total charges to medicare, as defined in 6 s. 49.498 (1) (f), the medical assistance program, other public programs, commercial 7 insurance and other self-payers or nonpublic payers, that are generated by a 8 9 hospital from inpatient and outpatient services. (e) "Net income" means total revenue and nonoperating gains in excess of 10 expenses and nonoperating losses. 11 (f) "Net patient revenue" means gross patient revenue minus deductions. 12 "Nonoperating gains" means gifts, donations, endowments, return on 13 investments and any other gains that are not related to patient care. 14 (h) "Nonoperating losses" means state and federal corporate income and real 15 estate taxes and other losses that are not directly related to patient care or 16 17 hospital-related patient services. (i) "Other public programs" include programs operated by or contracted for by 18 county departments under s. 46.215, 46.22 or 46.23 and the relief block grant 19 program under ch. 49. 20(j) "Other revenue" means revenue from services, other than health care 21 services, provided to patients and revenue from sales to and services provided to 22

(k) "Total revenue" means the sum of net patient revenue and other revenue.

(2) Beginning July 1, 2000, the commission shall, within 90 days after the
commencement of each fiscal year, estimate the total amount of revenue required for
administration by the commission of this subchapter during that fiscal year and
assess that estimated total amount to hospitals in proportion to each hospital's
respective net income during the hospital's most recently concluded entire fiscal
year. The commission may not assess under this subsection a hospital that has a net
income of 3% or less over the net income for the hospital's next most recently
concluded entire fiscal year. Each hospital that is assessed shall pay the assessment
by the December 1 following the assessment. The commission shall credit all
payments of assessments to the appropriation account under s. 20.155 (3) (gm).".

11. Page 1405, line 24: after that line insert:

"Section 3044ad. 632.75 (5) of the statutes is amended to read:

632.75 (5) PAYMENTS FOR HOSPITAL SERVICES. No insurer may reimburse a hospital for patient health care costs at a rate exceeding the <u>rate price cap</u> established under ch. 54, 1985 stats., or s. 146.60, 1983 stats., for care provided prior to July 1, 1987 subch. II of ch. 196.".

12. Page 1544, line 8: after that line insert:

"(2mg) HOSPITAL RATE SETTING.

(a) By December 1, 1999, the public service commission shall submit, under section 16.515 of the statutes, a request to supplement the appropriation under section 20.155 (3) (gm) of the statutes, as created by this act, that details a proposed budget for activities of the public service commission under subchapter II of chapter 196 of the statutes, as created by this act.

1 (b) The public service commission shall submit proposed rules required under 2 section 196.992 (1) of the statutes, as created by this act, to the legislative council 3 staff for review under section 227.15 (1) of the statutes no later than July 1, 2000. These rules may not take effect before January 1, 2001. (c) By Japan 1/2000, the public service commission shall do all of the ocember 1, 1999 6 following: 7 1. Estimate the total amount of revenue required for fiscal year 1999-2000 for administration by the commission of subchapter II of chapter 196 of the statutes, as 8 created by this act. 9 2. Assess the estimated total amount under subdivision 1. to hospitals, as 10 defined in section 150.01 (12) of the statutes in proportion to each hospital's 11 respective net income, as defined in section 196.996(1)(e) of the statutes, as created 12 by this act, during the hospital's most recently concluded entire fiscal year, except 13 that the public service commission may not assess a hospital that has a net income 14 of 3% or less over the net income for the hospital's next most recently concluded entire 15 fiscal year. 16 3. Credit all payments of assessments to the appropriation under section 17 20.155 (3) (gm) of the statutes, as created by this act. 18 (d) Every hospital that is assessed under paragraph (c) 2. shall, by 19 2000, pay the entire amount assessed the hospital.". 20 (END) 21

February



State of Misconsin 1999 - 2000 LEGISLATURE

LRBb0830/3 TAY/MDK/RPN:wlj&jlg:kjf

SDC:.....Walter – #4012, Hospital rate setting by PSC

FOR 1999-01 BUDGET — NOT READY FOR INTRODUCTION

CAUCUS AMENDMENT

TO ASSEMBLY SUBSTITUTE AMENDMENT 1, TO 1999 ASSEMBLY BILL 133

1	At the locations indicated, amend the substitute amendment as follows:
2	1. Page 115, line 4: after that line insert:
3	"(3) Hospital rate price caps
4	(gm) Assessments PR A -00-".
5	2. Page 293, line 4: after that line insert:
6	"Section 226dg. 20.155 (3) of the statutes is created to read:
7	20.155 (3) HOSPITAL RATE PRICE CAPS. (gm) Assessments. The amounts in the
8	schedule for hospital rate price cap activities of the commission under ch. 196. All
9	moneys received under s. 196.996 (2) and 1999 Wisconsin Act (this act), section
10	9141 (2mg) (d), shall be credited to this appropriation.".

1	3. Page 706, line 19: after that line insert:
2	"Section 1375m. 49.45 (3) (e) 11. of the statutes is created to read:
3	49.45 (3) (e) 11. Notwithstanding subds. 1. to 10., the department may
4	authorize the public service commission to determine price caps for reimbursement
5	rates under subch. II of ch. 196.".
6	4. Page 728, line 9: after that line insert:
7	"Section 1443m. 49.49 (2) (c) 1. of the statutes is amended to read:
8	49.49 (2) (c) 1. A discount or other reduction in price obtained by a provider of
9	services or other entity under chs. 46 to 51 and 58 and subch. II of ch. 196 if the
10	reduction in price is properly disclosed and appropriately reflected in the costs
11	claimed or charges made by the provider or entity under a medical assistance
12	program.".
13	5. Page 739, line 8: after that line insert:
14	"SECTION 1483m. 49.74 of the statutes is amended to read:
15	49.74 (title) Institutions subject to chapter chapters 150 and 196. Any
16	institution created under the authority of s. 49.70 , 49.71 , 49.72 or 49.73 is subject to
17	ch. 150 and subch. II of ch. 196.".
18	6. Page 750, line 3: after that line insert:
19	"Section 1524m. 50.36 (1) of the statutes is amended to read:
20	50.36 (1) The department shall promulgate, adopt, amend and enforce such
21	rules and standards for hospitals for the construction, maintenance and operation
22	of the hospitals deemed necessary to provide safe and adequate care and treatment
23	of the patients in the hospitals and to protect the health and safety of the patients
24	and employes; and nothing contained herein shall pertain to a person licensed to

practice medicine and surgery or dentistry. The building codes and construction standards of the department of commerce shall apply to all hospitals and the department may adopt additional construction codes and standards for hospitals, provided they are not lower than the requirements of the department of commerce. Except for the construction codes and standards of the department of commerce and except as provided in s. 50.39 (3) and subch. II of ch. 196, the department shall be the sole agency to adopt and enforce rules and standards pertaining to hospitals.".

7. Page 1155, line 13: after that line insert:

"Section 2246m. 146.37 (1g) of the statutes is amended to read:

146.37 (1g) Except as provided in s. 153.85, no person acting in good faith who participates in the review or evaluation of the services of health care providers or facilities or the charges for such services conducted in connection with any program organized and operated to help improve the quality of health care, to avoid improper utilization of the services of health care providers or facilities or to determine the reasonable charges for such services, or who participates in the obtaining of health care information under ch. 153, or who participates in hospital rate price cap activities under subch. II of ch. 196, is liable for any civil damages as a result of any act or omission by such person in the course of such review or evaluation. Acts and omissions to which this subsection applies include, but are not limited to, acts or omissions by peer review committees or hospital governing bodies in censuring, reprimanding, limiting or revoking hospital staff privileges or notifying the medical examining board or podiatrists affiliated credentialing board under s. 50.36 or taking any other disciplinary action against a health care provider or facility and acts or

1	omissions by a medical director, as defined in s. 146.50 (1) (j), in reviewing the
2	performance of emergency medical technicians or ambulance service providers.".
3	8. Page 1170, line 11: after that line insert:
4	"Section 2279m. 153.05 (4n) of the statutes is created to read:
5	153.05 (4n) The office shall provide the public service commission with
6	information necessary for performance of duties of the public service commission
7	under subch. II of ch. 196 and as requested of the office by the public service
8	commission.".
9	9. Page 1179, line 19: after that line insert:
10	"Section 2309d. Chapter 196 (title) of the statutes is amended to read:
11	CHAPTER 196
12	REGULATION OF PUBLIC UTILITIES
13	SERVICE COMMISSION
14	SECTION 2309f. Subchapter I (title) of chapter 196 [precedes 196.01] of the
15	statutes is created to read:
16	CHAPTER 196
17	SUBCHAPTER I
18	REGULATION OF PUBLIC UTILITIES
19	SECTION 2309h. 196.01 (intro.) of the statutes is amended to read:
20	196.01 Definitions. (intro.) As used in this chapter subchapter and ch. 197,
21	unless the context requires otherwise:".
22	10. Page 1186, line 9: after that line insert:
23	"Section 2337m. Subchapter II of chapter 196 [precedes 196.991] of the
24	statutes is created to read:

1	CHAPTER 196
2	SUBCHAPTER II
3	HOSPITAL RATE PRICE CAPS
4	196.991 Definitions. In this subchapter:
5	(1) "Commission" means the public service commission.
6	(2) "Consumer price index" has the meaning given in s. 16.004 (8) (e) 1.
7	(3) "Hospital" has the meaning given in s. 50.33 (2), except that "hospital" does
8	not include a center for the developmentally disabled, as defined in s. $51.01(3)$.
9	(3m) "Price cap" means the maximum rate that may be charged for a service
10	and includes any allowable increases in the maximum rate that are based on
11	increases in the consumer price index.
12	(4) "Rates" means individual charges of a hospital for the services that it
13	provides or, if authorized under s. 196.993, the aggregate charges based on case mix
14	measurements.
15	196.992 Hospital rate price caps. (1) The commission shall promulgate
16	rules that establish price caps for hospital rates. The commission shall consider each
17	of the following in promulgating rules under this subsection:
18	(a) The need to reduce the rate of hospital cost increases while preserving the
19	quality of health care in all parts of the state.
20	(b) A variety of cost-related trend factors based on nationally or regionally
21	recognized economic models.
22	(c) The past budget and rate experiences of hospitals in this state.
23	(2) Rules promulgated under sub. (1) shall include requirements and
24	procedures for hospitals to provide the commission with information that the
25	commission determines is necessary to carry out its duties under this subchapter and

- for hospitals to notify the commission and patients of rates charged and any proposed increases or decreases in rates. The rules shall also include requirements and procedures for the commission to regularly review and, if necessary, revise the price caps established in the rules promulgated under sub. (1).
- (3) Rules promulgated under sub. (1) may include requirements and procedures for each of the following:
- (a) Exceptions from price caps for rural or teaching hospitals if the commission determines that such hospitals are subject to special circumstances that warrant an exception.
- (b) A uniform system for hospitals to make reports to the commission if the commission determines that such a system is necessary for the commission to carry out its duties under this subchapter.
- establishing a system that defines rates as aggregate charges based on case mix measurements if the commission submits its proposed system to the joint committee on finance under s. 13.10, receives that committee's approval and holds a public hearing prior to promulgating its rules. Such a system may not take effect prior to January 1, 2001, shall be consistent with the standard under s. 196.992 (1) (a) and shall ensure quality of care at a reasonable cost to patients.
- 196.994 Commission prohibitions. In carrying out its duties under this subchapter, the commission may not do any of the following:
- (a) Interfere directly in the personal or decision—making relationships between a patient and the patient's physician.
- (b) Restrict the freedom of patients to receive care at a hospital consistent with their religious preferences or request a hospital that is affiliated with a religious

and worker's compensation.

1	group to act in a manner contrary to the mission and philosophy of the religious
2	group.
3	(c) Restrict directly the freedom of hospitals to exercise management decisions
4	in complying with the price caps established in rules promulgated under s. 196.992
5	(1).
6	(d) Require the submission of unrelated financial data from religious groups
7	affiliated with a hospital.
8	196.995 Enforcement. (1) The commission may seek a judicial remedy to
9	enforce compliance with any requirement of this subchapter or with any rule or order
10	of the commission under this subchapter if it first notifies the hospital and provides
11	the hospital a reasonable time to correct a violation. The commission shall commence
12	any action under this subsection in the circuit court for the county in which the
13	hospital is located.
14	(2) Any court that finds an intentional failure to comply with a price cap
15	established in rules promulgated under s. 196.992 (1) may impose a forfeiture of up
16	to \$5,000. Each week that a hospital continues its intentional failure to comply with
17	the price cap constitutes a separate violation.
18	(3) Any court with jurisdiction over an action brought under this section may
19	adopt remedies that it finds necessary to enforce compliance. Remedies under this
20	section apply notwithstanding the existence or pursuit of any other remedy.
21	196.996 Assessments. (1) In this section:
22	(a) "Commercial insurance" includes a group or individual disability insurance
23	policy, as defined in s. 632.895 (1) (a), an employer's self-insured health care plan

nonpatients.

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1 (b) "Deduction" means the portion of a charge that was incurred by a patient but was not received from 3rd-party payers or governmental or private payment. 2 3 "Deduction" includes charity care but does not include bad debt. (c) "Expense" means the cost of operation, including bad debt, that is charged 4 to a hospital during the hospital's fiscal year. 5 (d) "Gross patient revenue" means the total charges to medicare, as defined in 6 7 s. 49.498 (1) (f), the medical assistance program, other public programs, commercial insurance and other self-payers or nonpublic payers, that are generated by a 8 hospital from inpatient and outpatient services. 9 (e) "Net income" means total revenue and nonoperating gains in excess of 10 11 expenses and nonoperating losses. (f) "Net patient revenue" means gross patient revenue minus deductions. 12 "Nonoperating gains" means gifts, donations, endowments, return on 13 investments and any other gains that are not related to patient care. 14 (h) "Nonoperating losses" means state and federal corporate income and real 15 estate taxes and other losses that are not directly related to patient care or 16 17 hospital-related patient services. (i) "Other public programs" include programs operated by or contracted for by 18 county departments under s. 46.215, 46.22 or 46.23 and the relief block grant 19 program under ch. 49. 20 (i) "Other revenue" means revenue from services, other than health care 21 services, provided to patients and revenue from sales to and services provided to 22

(k) "Total revenue" means the sum of net patient revenue and other revenue.

(2) Beginning July 1, 2000, the commission shall, within 90 days after the
commencement of each fiscal year, estimate the total amount of revenue required for
administration by the commission of this subchapter during that fiscal year and
assess that estimated total amount to hospitals in proportion to each hospital's
respective net income during the hospital's most recently concluded entire fiscal
year. The commission may not assess under this subsection a hospital that has a net
income of 3% or less over the net income for the hospital's next most recently
concluded entire fiscal year. Each hospital that is assessed shall pay the assessment
by the December 1 following the assessment. The commission shall credit all
payments of assessments to the appropriation account under s. 20.155 (3) (gm).".

11. Page 1405, line 24: after that line insert:

"Section 3044ad. 632.75 (5) of the statutes is amended to read:

632.75 (5) PAYMENTS FOR HOSPITAL SERVICES. No insurer may reimburse a hospital for patient health care costs at a rate exceeding the rate price cap established under-ch. 54, 1985 stats., or s. 146.60, 1983 stats., for care provided prior to July 1, 1987 subch. II of ch. 196.".

12. Page 1544, line 8: after that line insert:

"(2mg) Hospital rate setting.

(a) By December 1, 1999, the public service commission shall submit, under section 16.515 of the statutes, a request to supplement the appropriation under section 20.155 (3) (gm) of the statutes, as created by this act, that details a proposed budget for activities of the public service commission under subchapter II of chapter 196 of the statutes, as created by this act.

(b) The public service commission shall submit proposed rules required under
section 196.992 (1) of the statutes, as created by this act, to the legislative council
staff for review under section 227.15 (1) of the statutes no later than July 1, 2000.
These rules may not take effect before January 1, 2001.
(c) By December 1, 1999, the public service commission shall do all of the

- (c) By December 1, 1999, the public service commission shall do all of the following:
- Estimate the total amount of revenue required for fiscal year 1999–2000 for administration by the commission of subchapter II of chapter 196 of the statutes, as created by this act.
- 2. Assess the estimated total amount under subdivision 1. to hospitals, as defined in section 150.01 (12) of the statutes in proportion to each hospital's respective net income, as defined in section 196.996 (1) (e) of the statutes, as created by this act, during the hospital's most recently concluded entire fiscal year, except that the public service commission may not assess a hospital that has a net income of 3% or less over the net income for the hospital's next most recently concluded entire fiscal year.
- 3. Credit all payments of assessments to the appropriation under section 20.155 (3) (gm) of the statutes, as created by this act.
- (d) Every hospital that is assessed under paragraph (c) 2. shall, by February 1, 2000, pay the entire amount assessed the hospital.".

(END)